



## STATE OF UTAH DIVISION OF FINANCE REQUEST FOR PAY ADVANCE PAYROLL DEDUCTION

\_\_\_\_\_, I, \_\_\_\_\_,  
Employee Identification Number (Print Employee Name)

authorize my employer, the State of Utah, to withhold \$ \_\_\_\_\_ from each of my bi-weekly payroll checks, beginning with payday \_\_\_\_\_. This amount is to be credited against the Pay Advance that I received on May 10, 1985 or July 25, 1997. I acknowledge and agree (as stipulated on my original signed agreement) that should I go on Leave Without Pay for more than 30 days, retire from State service, or if my employment is terminated for any reason, that the balance owing on my Pay Advance at that time is due and payable, and should be deducted from my next paycheck. Any balance not deducted from my paychecks will be paid by me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return completed form to:

Division of Finance  
Payroll Section  
2110 State Office Building  
Salt Lake City, UT 84114